



Application No. (if known): 10/706,303

Attorney Docket No.: 20050/0200479-US0

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. in an envelope addressed to:

MS RCE  
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on April 20, 2006  
Date

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Fee Transmittal (1 page)  
Request for Continued Examination Transmittal (1 page)  
Amendment Transmittal (1 page)  
Amendment After Final Action Under 37 C.F.R. 1.116 (11 pages)  
Information Disclosure Statement (2 pages)  
IDS (Citation) by Applicant (1 Reference attached)  
Marked-Up Specification (including claims & Abstract 41 pages)  
Clean Copy of Specification (including claims & Abstract 41 pages)  
Check 11728 in the amount of \$790.00



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT**    (\$ ) 790.00

**Complete if Known**

Application Number	10/706,303-Conf. #5755
Filing Date	November 10, 2003
First Named Inventor	Satoshi Mizutani
Examiner Name	K. M. Reichle
Art Unit	3761
Attorney Docket No.	20050/0200479-US0

**METHOD OF PAYMENT** (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_  
 Deposit Account    Deposit Account Number: 04-0100    Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below     Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17     Credit any overpayments

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**
**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**
Fee Description

Each claim over 20 (including Reissues)

<u>Small Entity</u>	
<u>Fee (\$)</u>	<u>Fee (\$)</u>

50      25

Each independent claim over 3 (including Reissues)

200      100

Multiple dependent claims

360      180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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19 - 20 = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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2 - 3 = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 100 = \_\_\_\_\_ /50 (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...)

Fees Paid (\$)

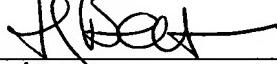
790.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	44,528	Telephone	(212) 527-7700
Name (Print/Type)	Thomas J. Bean	Date	April 20, 2006		

Express Mail Label No. \_\_\_\_\_ Dated: \_\_\_\_\_



AMENDMENT TRANSMITTAL LETTER				Docket No. 20050/0200479-US0
Application No. 10/706,303-Conf. #5755	Filing Date November 10, 2003	Examiner K. M. Reichle	Art Unit 3761	
Applicant(s): Satoshi Mizutani et al.				
Invention: INTERLABIAL PAD AND PACKAGE				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	19	- 20 =		x
Independent Claims	2	- 3 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Request for continued examination (RCE) (see 37 CFR 1.114); Submission of an Information Disclosure Statement				790.00 <del>970.00</del>
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 790.00 <del>970.00</del>				
<input checked="" type="checkbox"/> Large Entity		<input type="checkbox"/> Small Entity		
<input type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. 04-0100 in the amount of \$ . A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> A check in the amount of \$ 790 <del>970.00</del> to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> Credit any overpayment.				
<input type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 Dated: April 20, 2006				
Thomas J. Bean Attorney/Agent Reg. No.: 44,528				
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7700				
Express Mail Label No. _____ Dated: _____				